



Date of Application: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Cell phone: _____ Home Phone: _____

Email: _____

If bringing someone from an Organization please fill out the below information:

Your Name: _____ Your phone: _____

Organization Name: _____ Phone: _____

Are you between the ages of 16 & 18 years old? YES NO
(If yes, both you and a parent or legal guardian must sign the waiver)

If you are a student, what year are you in and white school? _____

In case of an emergency:

Contact: _____ Relation: _____ Phone _____

Contact: _____ Relation: _____ Phone _____

At this time we DO NOT accept Court Mandated Community Service

Please indicate the reason you are seeking a volunteer position, check all that apply.

_____ Family/ friend is involved in this program. Name: _____

_____ Personal Fulfillment- like helping the rescue pets in one way or another.

_____ Professional Reasons _____ Required for a class/ degree.

_____ Other _____

What type of volunteer activities are you interested in? Please check all that apply.

_____ Dog Interaction (walking, petting, brushing, socializing, cleaning) You must complete the “Fear Free Shelter” program and you must be able to demonstrate your abilities to handle dogs to be considered for this activity without a staff member.

_____ Cat Interaction (cleaning, brushing, socializing) You will need to complete the “Fear Free Shelter” program to work without a staff member.

_____ Clerical Work (one or more: mailings, typing, bookwork, phones, filing, thank you cards etc.)

_____ Fundraising – help organize and/or help during events

Name: _____

_____ Maintenance (one or more: house keeping chores, mend fencing, painting, basic repairs)

Please list any past experience in working in a shelter situation: _____

Are there any duties with us you prefer to do other than working directly with the animals?

Are there any duties you DO NOT want to do? _____

What animals do you have at home currently? _____

Do you have any allergies? _____

Do you have any health concerns or medical conditions that should be brought to our attention that will place limitations on what you can or should be able to do? _____

What days are you available to volunteer? Typically we are around 8-5 for volunteers.

___ Monday AM PM If specific times: _____

___ Tuesday AM PM If specific times: _____

___ Wednesday AM PM If specific times: _____

___ Thursday AM PM If specific times: _____

___ Friday AM PM If specific times: _____

___ Saturday AM PM If specific times: _____

___ Sunday AM PM If specific times: _____

Release Indemnification Agreement

Riverside Animal Rescue is a 501c3 non-profit no kill animal rescue that was recognized in 2005. Members of the public volunteer to serve Riverside Animal Rescue in various capacities while lawfully on its premises or at a local event. Part of our mission is to do no harm. We provide for and protect abandoned, abused, neglected and unwanted animals in Northern Vermont and New Hampshire. All efforts are made to place our animals into lifetime, loving homes with “no time limits” set on their stay with us.

Please Initial Below

_____ I or my child(ren) will abide by the missions, rules, regulations, limitations, policies, and programs of Riverside Rescue.

_____ I or my child(ren) agree to always cooperate with staff fully.

_____ I assume the risks of me, or my child(ren) being bitten, scratched, injured, or frightened by cats, kittens, dogs, puppies, and any other animal in connection with their volunteer work for Riverside Rescue.

_____ Riverside Rescue is not liable for any injuries, damages, liabilities, costs, or expenses whatsoever, which me or my child(ren) might suffer or sustain in connection with the performance of their volunteer activities for the Rescue. (Insurance is not provided to volunteers)

_____ I hereby release and indemnify, defend, and hold harmless Riverside Animal Rescue directors, officers, employees, agents, and other volunteers and their heirs, successors, assistants, and personal representatives from and against liability.

_____ I understand and agree that Riverside Rescue may refuse or terminate any volunteer or applicant for any reason.

_____ I have accurately and truthfully completed this volunteer application.

_____ Use of photographs may be used for promotional purposes on the website or social media. If you DO NOT want you or your child(ren) to be included in photos you will need to present that in writing separately.

Volunteer:

Parent/ Legal Guardian (if volunteer is under 18)

Signature

Signature

Printed Name

Printed Name

Date: _____

Relationship to volunteer

Office Use: Approve Deny

By: _____ Date: _____